

PUBLIC HEALTH DEPARTMENT[641]

Adopted and Filed

Pursuant to the authority of Iowa Code section 147A.27, the Department of Public Health hereby amends Chapter 137, "Trauma Education and Training," Iowa Administrative Code.

The rules in Chapter 137 describe trauma education and training for Iowa's trauma system. These amendments clarify the trauma education and training requirements and replace the existing tables with written requirements.

Notice of Intended Action was published in the May 29, 2013, Iowa Administrative Bulletin as **ARC 0773C**. Comments were received from members of the State Board of Health concerning the requirements for residents and consultants to maintain Advanced Trauma Life Support (ATLS) training. After review of the entire rule in context, the existing language is clear that the only physicians who are required to maintain ATLS are non-emergency medicine, board-certified physicians identified by the trauma care facility as trauma team members and who participate directly in the initial resuscitation of the trauma patient. No changes have been made to the amendments based on this review.

Also, 2013 Iowa Acts, Senate File 396, was signed by the Governor on June 20, 2013. One of the provisions of this bill was to repeal the statute establishing the system evaluation quality improvement committee (SEQIC). Therefore, changes have been made in Items 1 and 3 and new Item 10 has been added to remove references to this committee, which no longer exists. Proposed Items 10 to 13 have been renumbered as Items 11 to 14 herein.

In addition, a cross reference was corrected in the definitions of "emergency medical services" and "service program" in Item 3.

The State Board of Health adopted these amendments on September 11, 2013.

After analysis and review of this rule making, no impact on jobs has been found.

These amendments are intended to implement Iowa Code section 147A.27 and 2013 Iowa Acts, Senate File 396, section 57.

These amendments will become effective on November 6, 2013.

The following amendments are adopted.

ITEM 1. Rescind the definitions of "ARNP," "ATLS," "LPN," "PA," "RN," "RTTDC," "SEQIC" "System evaluation quality improvement committee" and "TSAC" in rule **641—137.1(147A)**.

ITEM 2. Adopt the following new definitions in rule **641—137.1(147A)**:

"*Advanced emergency medical technician*" or "*AEMT*" means advanced emergency medical technician as defined in 641—131.1(147A).

"*Formal education*" means education in standardized educational settings with a curriculum.

"*Paramedic*" means paramedic as defined in 641—131.1(147A).

ITEM 3. Amend the following definitions in rule **641—137.1(147A)**:

"*Advanced registered nurse practitioner (~~ARNP~~)*" or "*ARNP*" means a nurse pursuant to 655—7.1(152) with current licensure as a registered nurse in Iowa who is registered in Iowa to practice in an advanced role. The ARNP is prepared for an advanced role by virtue of additional knowledge and skills gained through a formal advanced practice education program of nursing in a specialty area approved by the board. In the advanced role, the nurse practices nursing assessment, intervention, and management within the boundaries of the nurse-client relationship. Advanced nursing practice occurs in a variety of settings within an interdisciplinary health care team, which provide for consultation, collaborative management, or referral. The ARNP may perform selected medically delegated functions when a collaborative practice agreement exists.

"*Advanced trauma life support course®*" or "*ATLS®*" means a course for physicians with an emphasis on the first hour of initial assessment and primary management of the injured patient, starting at the point in time of injury continuing through initial assessment, life-saving intervention, reevaluation, stabilization, and transfer when appropriate.

~~“Emergency medical care provider” means an individual who has been trained to provide emergency and nonemergency medical care at the first responder, EMT-basic, EMT-intermediate, EMT-paramedic, paramedic specialist or other certification levels recognized by the department before 1984 and who has been issued a certificate by the department~~ emergency medical care provider as defined in 641—131.1(147A).

“Emergency medical services” or “EMS” means emergency medical services as defined in 641—132.1(147A).

“Emergency medical technician” or “EMT” means emergency medical technician as defined in 641—131.1(147A).

“Emergency medical technician-ambulance” or “EMT-A” means emergency medical technician-ambulance as defined in 641—131.1(147A).

“Emergency medical technician-basic” or “EMT-B” means emergency medical technician-basic as defined in 641—131.1(147A).

“Emergency medical technician-defibrillation” or “EMT-D” means emergency medical technician-defibrillation as defined in 641—131.1(147A).

“Emergency medical technician-intermediate” or “EMT-I” means emergency medical technician-intermediate as defined in 641—131.1(147A).

“Emergency medical technician-paramedic” or “EMT-P” means emergency medical technician-paramedic as defined in 641—131.1(147A).

“First responder” or “FR” means first responder as defined in 641—131.1(147A).

“First responder-defibrillation” or “FR-D” means first responder-defibrillation as defined in 641—131.1(147A).

“Licensed practical nurse” or “LPN” means an individual licensed pursuant to Iowa Code chapter 152.

“Physician assistant” or “PA” means an individual licensed pursuant to Iowa Code chapter 148C.

“Paramedic specialist” or “PS” means paramedic specialist as defined in 641—131.1(147A).

“Registered nurse” or “RN” means an individual licensed pursuant to Iowa Code chapter 152.

“Service program” or “service” means ~~any medical care ambulance service or nontransport service that has received authorization by the department~~ service program as defined in 641—132.1(147A).

“Trauma system advisory council” or “TSAC” means the council established by the department pursuant to Iowa Code section 147A.24 to advise the department on issues and strategies to achieve optimal trauma care delivery throughout the state, to assist the department in the implementation of an Iowa trauma care plan, to develop criteria for the categorization of all hospitals and emergency care facilities according to their trauma care capabilities, to develop a process for verification of the trauma care capacity of each facility and the issuance of a certificate of verification, to develop standards for medical direction, trauma care, triage and transfer protocols, and trauma registries, to promote public information and education activities for injury prevention, and to review rules adopted under this division, and to make recommendations to the director for changes to further promote optimal trauma care.

ITEM 4. Amend rule 641—137.2(147A), introductory paragraph, as follows:

**641—137.2(147A) Initial trauma education for Iowa’s trauma system.** Initial trauma education (Table 1) is required of physicians, physician assistants, advanced registered nurse practitioners, registered nurses, and licensed practical nurses who are identified or defined as trauma team members by a trauma care facility and who participate directly in the initial resuscitation of the trauma patient.

ITEM 5. Rescind Table 1 in rule **641—137.2(147A).**

ITEM 6. Amend paragraph **137.2(1)“b”** as follows:

b. Trauma nursing course objectives ~~(1998)~~ (2007) are incorporated and adopted by reference for all trauma care facilities. For any differences which may occur between the adopted references and these administrative rules, the administrative rules shall prevail.

ITEM 7. Adopt the following **new** subrule 137.2(2):

**137.2(2)** Specific requirements for initial trauma education for each provider category are as follows:

- a. Physicians, PAs and ARNPs: current ATLS® certification.
- b. RNs and LPNs: successful completion of trauma nursing course objectives (2007) recommended by TSAC.

ITEM 8. Amend rule 641—137.3(147A), introductory paragraph, as follows:

**641—137.3(147A) Continuing trauma education for Iowa's trauma system.** Continuing trauma education (~~Table 2~~) is required every four years of physicians, physician assistants, advanced registered nurse practitioners, registered nurses, and licensed practical nurses who are identified or defined as trauma team members by a trauma care facility and who participate directly in the initial resuscitation of the trauma patient.

ITEM 9. Rescind Table 2 in rule **641—137.3(147A)**.

ITEM 10. Amend subrule 137.3(1) as follows:

**137.3(1)** Topics for all or part of the continuing trauma education hours may be recommended to the department by ~~SEQIC~~ or TSAC based on trauma care system outcomes.

ITEM 11. Amend subrule 137.3(2) as follows:

**137.3(2)** General requirements for continuing trauma education.

- a. ~~Three-fourths~~ Sixteen hours of the required continuing trauma education hours may be informal, determined and approved by a trauma care facility from any of the following:
  1. to 7. No change.
- b. ~~One-fourth~~ Eight hours of the required continuing trauma education hours shall be obtained through any formalized continuing education programs.

ITEM 12. Renumber subrule **137.3(3)** as **137.3(4)**.

ITEM 13. Adopt the following **new** subrule 137.3(3):

**137.3(3)** Specific requirements for each provider category are as follows:

- a. Physicians: 24 hours of continuing trauma education is required, with a minimum of 8 hours as formal education.
  - (1) Physicians who treat trauma patients in the emergency department but are not board-certified in emergency medicine must maintain current ATLS® certification.
  - (2) Surgeons who are not board-certified in general surgery must maintain current ATLS® certification.
  - (3) The designated trauma service medical director, regardless of board certification, must maintain current ATLS® certification.
- b. PA and ARNP: 24 hours of continuing trauma education is required, with a minimum of 8 hours as formal education. Of the 8 hours of formal education, current ATLS® certification is required.
- c. RN and LPN: 16 hours of continuing trauma education is required, with a minimum of 4 hours as formal education based upon the trauma nursing course objectives (2007) recommended by TSAC.

ITEM 14. Amend renumbered subrule 137.3(4) as follows:

**137.3(4)** Continuing trauma education is required of certified emergency medical care providers every two years as follows:

- a. EMR, FR or FR-D: 2 continuing education hours.
- b. EMT, EMT-A, EMT-B, EMT-D: 4 continuing education hours.
- c. AEMT, EMT-I: 4 continuing education hours.
- d. EMT-P, PS, Paramedic: 6 continuing education hours.

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EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 10/2/13.